

**PRE-DISASTER MITIGATION (PDM) PROGRAM  
FINAL CLAIM FORM**

Upon completion of all work and payment of expenditures, please submit this form to:

The Governor's Office of Emergency Services  
Hazard Mitigation Branch  
Attn: Rebecca Wagoner  
3650 Schriever Avenue  
Mather, California 95655

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Project Number. \_\_\_\_\_

FIPS No.: \_\_\_\_\_

Subgrantee Certification:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF I HAVE  
SUBMITTED ALL REQUIRED DOCUMENTS AND ALL WORK AND COSTS CLAIMED ARE  
ELIGIBLE IN ACCORDANCE WITH THE GRANT CONDITIONS.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Applicant's Authorized Agent

State of California Certification:

I CERTIFY THAT ALL FUNDS WERE EXPENDED IN ACCORDANCE WITH THE PROVISIONS OF  
THE FEMA-STATE AGREEMENT.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Governor's Authorized Representative (GAR)